

PERMIT TO CONSTRUCT (PTC) APPLICATION For Concrete Batch Plants

FORM AQ-F-P006

PTC APPLICATION OVERVIEW

This application is for the construction and operation of portable and stationary concrete batch plants in all areas of Idaho except the Sandpoint PM₁₀ nonattainment area. If you are planning to locate in the Sandpoint PM₁₀ nonattainment area, prior to submitting an application please call 208-373-0502 and ask to speak with the Air Quality Permit Coordinator for the Coeur d'Alene region.

PTC APPLICATION INSTRUCTIONS

1. **Application.** Complete the attached PTC application.
2. **Portable Equipment Registration and Relocation Form.** Complete the Portable Equipment Registration and Relocation Form (PERF). An electronic copy of the PERF can be obtained from the DEQ website http://www.deq.idaho.gov/air/permits_forms/forms/forms.cfm. It is important to be aware that in addition to being submitted with this PTC application, a PERF must also be completed and filed at DEQ at least 10 days in advance of relocating any of the equipment covered in this application.
3. **Fees.** In accordance with the *Rules for the Control of Air Pollution in Idaho* (IDAPA 58.01.01.224 and .226), DEQ cannot process this application unless it is accompanied by a one thousand dollar (\$1,000) application fee. If the purpose of this permit is to change the name or ownership of the holder of a PTC when DEQ determines no other review or analysis is required, the application fee is waived. The rules can be accessed through the DEQ website http://www.deq.idaho.gov/rules/admin_rules.cfm#links.
4. **Mail.** Please mail the completed PTC application, PERF form, and the \$1,000 application fee to the address below. The processing of this PTC application cannot commence without payment.

Department of Environmental Quality
Permit to Construct Fees – Fiscal Office
1410 North Hilton
Boise, ID 83706-1255

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Please be sure to read the instructions on page one prior to completing this application form.

GENERAL INFORMATION

Company Name:			
Mailing Address:			
City:		State:	
Zip Code:		County:	
General Nature of Business & Products:			

Contact Name, Title:			
Phone:		Cell:	
Email:			

Owner or Responsible Official Name, Title:			
Phone:			
Email:			

Proposed Initial Plant Location:			
Nearest City:		Estimated Startup Date:	
County:			

Reason for Application:	<input type="checkbox"/> Permit to construct a new source <input type="checkbox"/> Permit to operate an existing unpermitted source <input type="checkbox"/> Permit to modify/revise an existing permitted source (identify the permit below) Permit No.: _____ Issue Date: _____ Facility ID: _____
<input type="checkbox"/> Check here to indicate you would like to review a draft permit prior to final issuance.	
Comments:	

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CONCRETE BATCH PLANT INFORMATION

1. Concrete Batch Plant

Manufacturer:		Model:	
Manufacture Date:			
Maximum Hourly Throughput:	(cy/hour)		
Maximum Daily Throughput:	(cy/day)		
Maximum Annual Throughput:	(cy/year)		
Requested Annual Throughput:	(cy/year)		

2. Cement Storage Silo Baghouse(s)

Manufacturer:		Model:	
Stack Height from Ground:	(ft)	Exit Air Flow Rate:	(acfm)
Stack Inside Diameter:	(ft)	* PM₁₀ Control Efficiency:	(%)
* Manufacturer Grain Loading Guarantee:			
* Attach manufacturer's PM ₁₀ control efficiency if available.			

3. Weigh Batch Baghouse(s)

Manufacturer:		Model:	
Stack Height from Ground:	(ft)	Exit Air Flow Rate:	(acfm)
Stack Inside Diameter:	(ft)	* PM₁₀ Control Efficiency:	(%)
* Manufacturer Grain Loading Guarantee:			
* Attach manufacturer's PM ₁₀ control efficiency if available.			

ELECTRICAL GENERATOR SET INFORMATION (IF APPLICABLE)

Manufacturer:		Model:	
Maximum Rated Capacity:	<input type="checkbox"/> Hp <input type="checkbox"/> kW		
Fuel Type:	<input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane		
Maximum Fuel Usage Rate:	<input type="checkbox"/> gal./hr. <input type="checkbox"/> cfh		
Maximum Daily Hrs. of Operations:	(hours/day)		
Maximum Annual Hrs. of Operations:	(hours/year)		
Stack Parameters:	Stack Height from Ground (ft): _____ Stack Exhaust Flow Rate (acfm): _____ Stack Inside Diameter (ft): _____ Stack Exhaust Gas Temperature (°F): _____		

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ADDITIONAL GENERATOR (if applicable)

Manufacturer:		Model:	
Maximum Rated Capacity:	<input type="checkbox"/> Hp <input type="checkbox"/> kW		
Fuel Type:	<input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane		
Maximum Fuel Usage Rate:	<input type="checkbox"/> gal./hr. <input type="checkbox"/> cfh		
Maximum Daily Hrs. of Operations:	(hours/day)		
Maximum Annual Hrs. of Operations:	(hours/year)		
Stack Parameters:	Stack Height from Ground (ft): _____ Stack Exhaust Flow Rate (acfm): _____ Stack Inside Diameter (ft): _____ Stack Exhaust Gas Temperature (°F): _____		

☐ \$1,000 PTC application fee enclosed

Certification of Truth, Accuracy, and Completeness (by Responsible Official)

I hereby certify that based on information and belief formed after reasonable inquiry, the statements and information contained in this and any attached and/or referenced document(s) are true, accurate, and complete in accordance with IDAPA 58.01.01.123-124.

Responsible Official Signature

Responsible Official Title

Date

Print or Type Responsible Official Name